

1. STATION NO.				For field station file copies ▶		NUMERIC FILE		ALPHA FILE	
TO		Department of Veterans Affairs (393) Data Processing Center 1615 East Woodward Street Austin TX 78772		FROM		STATION NAME AND ADDRESS		CONTROL NO.	
2. TYPE OF ORGANIZATION (Code only one)								3. ACTION REQUESTED	
A. ALIMONY/CHILD SUPPORT				B. COURT ORDERED BANKRUPTCY				C. VOLUNTARY ALLOTMENT	
								<input type="checkbox"/> ESTABLISH <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	
4. PAYEE AND ADDRESS INFORMATION		(1-2)		(3-5)		(6)		(7-10)	
						A. ZIP CODE (11-15)			
		B. PAYEE (16-50)							
		C. ADDRESS LINE ONE (51-85)							
		D. ADDRESS LINE TWO (86-103)							
		E. COURT ORDER/PAYEE I.D. NO. (104-115)							
		F. RES. (116-117)							
The first allotment or payment under this authorization will be pay period ending ▶				5. DATE (Mo., day, year)					
PREPARED BY				VERIFIED BY				APPROVED	
								DATE	

VA FORM
JUN 1992(R) **4947**

PAYEE INFORMATION ALIMONY/CHILD SUPPORT-BANKRUPTCY - VOLUNTARY ALLOTMENT